

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00495028	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ralston Lapp Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 1054 31st St NW Ste 430		Amount 13700.59	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GDA071S1
Purpose of Expenditure Media Production Costs - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bruce L. Poliquin		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		41621.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 3050 K St NW Ste 100		Amount 27920.50	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA071X3
Purpose of Expenditure Television Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bruce L. Poliquin		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		41621.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41621.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	41621.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alixandria Lapp

[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2015

Signature